

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 20-JUL-2015	TIME 04:01:00	2. ADDRESS OF OCCURRENCE 1565 N CLYBOURN AVE CHICAGO, IL 60610	3. LOCATION CODE 304	4. BEAT/OCCUR 1822		
	5. POSITION 9165	6. LAST NAME HEERDT	7. FIRST NAME EDWARD W	8. STAR NO. 20598	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 601
SUBJECT INFORMATION	14. DATE OF APPN. 04-NOV-1996	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 630 7381B	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	20. LAST NAME HUSSAIN	21. FIRST NAME ZAINUL	22. MJ A	23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	24. RACE WHI	25. O.B. [REDACTED]	26. H1 510
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/REMOVED INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? NORTHWESTERN MEMORIAL HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. APPARENTLY NORMAL [REDACTED]	37. UNDER INFLUENCE [REDACTED]	38. REFUSED MEDICAL AID [REDACTED]	
	39. CHARGES PLACED [REDACTED]	40. CB NO. 19154579	41. IR NO. [REDACTED]	42. DNA [REDACTED]			
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	ACTIVE REGISTER FLED <input type="checkbox"/>	ASSAILANT ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ASSAILANT BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/>	ASSAILANT DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	PULLED AWAY <input type="checkbox"/> OTHER _____	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	WEAPON <input checked="" type="checkbox"/> OTHER _____		
MEMBERS RESPONSE <input type="checkbox"/> DNA	MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Skin) TASER (Spark Displayed) OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input checked="" type="checkbox"/> OTHER _____		
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	43. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION ASSAILANT ARMED WITH A BASEBALL BAT WAS STRIKING THE VICTIM AND REFUSED TO STOP ATTACKING THE DEFENSELESS VICTIM.					
	POSITION STAR NO. UNIT	41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR		
CASE INFO. <input type="checkbox"/> DNA	45. MAKE/MANUFACTURER SMITH & WESSON US- (BODYGUARD/CHIEF SPECIAL)	46. MODEL 5943	47. BARREL LENGTH 040	48. CALIBER/GAUGE 9 MM			
	49. TASER DART ID NO. VEE2733	50. WEAPON SERIAL NO. (Include Letters) [REDACTED]	51. CHICAGO GUN REG NO 615899	52. IL FIREARM OWNER ID NO. [REDACTED]	53. HANDGUN CERTIFICATE NO [REDACTED]		
SIGNATURES	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO [REDACTED]	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 2		
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. OTHER (Specify) [REDACTED]		
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.					
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]					
CPD-11.377 (REV. 3/08)	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC	71. CPIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.					
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.						
	72. 73. REPORTING MEMBER (Print Name) HEERDT, EDWARD W 20-JUL-2015 09:23:02	STAR/EMPLOYEE NO. 20598	SIGNATURE [REDACTED]	74. REVIEWING SUPERVISOR (Print Name) LEE, JOHN Y STAR NO 909	SIGNATURE [REDACTED]		
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.						
					DATE REVIEWED 20-JUL-2015 09:27:38		
					TIME 10:27:38		
					LOG# 10762110		
					Attachment 7		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is presently in surgery being treated for multiple GSW and cannot be interviewed at this time.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77F NOING

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Detective Edward Heerdt #20958 are within department guidelines concerning the use of deadly force. In that Detective Heerdt, upon responding to a large street fight, observed Vain Hassain standing over a victim repeatedly beating him with a baseball bat. Detective Heerdt ordered the subject to stop beating the victim but Vain Hassain looked up at the detective then continued beating the victim about the head area with a bat which he was using as a deadly weapon. Detective Heerdt discharged his weapon two times in order to prevent the death of the victim.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO. 1076216 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

20-JUL-2015 09:42:52

### 79. TOTAL TRR'S THIS EVENT No

1